

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|---|-----------------------------------|--|----------------|----------------|--|--|----|--|--|--|
| 1 Date of Request: <u>8/13/04</u> | | 2 Serial/Patent # <u>09/960,453</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | |
| | Filing | | | \$ | | | | | | |
| | Amendment | | | \$ | | | | | | |
| | Extension of Time | | | \$ | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | |
| | Petition | | | \$ | | | | | | |
| | Issue | | | \$ | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | |
| | Maintenance | | | \$ | | | | | | |
| | Assignment | | | \$ | | | | | | |
| <input checked="" type="checkbox"/> | Other <u>1461</u> | | | \$ <u>200.</u> | | | | | | |
| 7 TOTAL AMOUNT OF REFUND | | | \$ <u>200.</u> | | | | | | | |
| 8 TO BE REFUNDED BY: <u>CC</u> | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | Credit Deposit A/C #: | | | | | | | | |
| | Duplicate Payment | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | -- | | | |
| | | -- | | | | | | | | |
| | No Fee Due (Explanation): | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Irvin King/E</u> | | TITLE: <u>Patent Agent</u> | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>306-5684</u> | | | | | | | | |
| OFFICE: <u>Petition</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>8/13/04</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: